



Archbishop Shaw Summer Camp 2025

Registration Form

Camp Dates: June 2nd - July 11th (Closed July 4th)

Camp Hours: 8:45 a.m. – 3:00 p.m.



Camper's Name: (If registering multiple campers, please list the oldest camper first.)

Date of Birth: _____ Age: _____ Boy _____ Girl _____ # of Additional Shirts _____

Mother's Name: _____ Cell Number: (____) _____ Work Number: (____) _____

Father's Name: _____ Cell Number: (____) _____ Work Number: (____) _____

Home Address: _____ City _____ Zip Code _____

Home Phone Number: (____) _____

Primary Email: _____ Secondary Email: _____

List the names of additional campers being registered for Archbishop Shaw Summer Camp below:

Name: _____ DOB: _____ Age ____ Boy ____ Girl ____ # of Additional Shirts ____

Name: _____ DOB: _____ Age ____ Boy ____ Girl ____ # of Additional Shirts ____

Name: _____ DOB: _____ Age ____ Boy ____ Girl ____ # of Additional Shirts ____

List the names and relationship of any other persons we can contact in case of an emergency:

Name: _____ Relationship _____ Contact Number: (____) _____

Name: _____ Relationship _____ Contact Number: (____) _____

Important Note: *We will not accept any camp registrations after May 23rd at 12:15 PM.*

Camper 1 will attend the following weeks: (check all that apply)

____ Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ Week 5 ____ Week 6

Camper 2 will attend the following weeks: (check all that apply)

____ Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ Week 5 ____ Week 6

Camper 3 will attend the following weeks: (check all that apply)

____ Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ Week 5 ____ Week 6

My child(ren) will attend after care: ***All campers must be registered for aftercare before they can attend.***

____ yes ____ no

Please list any medical issues that you feel may affect your child's ability to participate in summer camp activities:

Camper's Name: _____ Information: _____

Camper's Name: _____ Information: _____

Camper's Name: _____ Information: _____

If you are paying by credit card and turning the registration and payment into our school office, you will have to leave your credit card information with us and the transaction will take place later that day. Please write the following information below.

Credit card # _____ Expiration Date: _____ CV Code: _____

Cardholder's Signature: _____

For Office Use Only:

Number of campers: _____

All forms completed and signed: _____

Camper 1 x (# of weeks)x (\$160): _____

Prices are for registration before May 1st

Camper 2 x (# of weeks) x (\$155): _____

After May 1st, all weeks increase by \$5

Camper 3 x (# of weeks) x (\$150): _____

Registered for after care (\$5): \$ _____

Additional T-Shirts (@ \$10 per shirt): \$ _____

Total amount owed: \$ _____

Paid by: Cash \$ _____ Check \$ _____ Check # _____

Credit Card \$ _____ Approval # _____

Date Paid: ____/____/____

Received by: _____

Field Trip Permission Slip

I, _____, give my child(ren) permission to go on all field trips sponsored by Archbishop Shaw Summer Camp, on and off campus. I also give my child(ren) permission to ride the bus when attending field trips off campus. As a parent, legal guardian, I am aware that I remain responsible for any legal liability which may result from any personal actions taken by the named camper(s).

Parent/Guardian Signature: _____ Date: _____

Photo Release Form

Print Camper's Name: 1. _____
2. _____
3. _____

I, _____, give permission to Archbishop Shaw Summer Camp to use photographs taken of the above mentioned camper/campers during summer camp activities on and off campus. This is to include any activities occurring during normal summer camp days such as sports, swimming, eating, Mass, etc. and any field trip activities occurring off campus.

I grant to Archbishop Shaw, the right to take photographs of the above listed camper/campers in connection with the above-identified events. I authorize Archbishop Shaw, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Archbishop Shaw Summer Camp may use such photographs of the above mentioned camper/campers with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Parent/Guardian Signature: _____

Parent/ Guardian Printed Name: _____

Date: _____

Archbishop Shaw Summer Camp

Camper Rules/Regulations

1. All campers must wear an Archbishop Shaw Summer Camp T-Shirt, shorts, socks and tennis shoes each day. Sandals may only be worn for swim time.
2. All campers should bring their swimsuit, towel and sunscreen daily.
3. All campers must have a swim waiver signed by a parent and on file with the camp office before they will be allowed to swim in the pool.
4. When swimming in the pool, all campers must adhere to the directions given by the adult in charge and/or lifeguards. Failure to do so will result in loss of swimming privileges.
5. All personal items should be clearly marked with the camper's name on it.
6. Campers can bring their own squeeze water bottle to camp each day. Please mark camper's name on the bottle.
7. **Electronic devices such as: cell phones, gaming devices, tablets, etc. are not allowed at camp.** If a camper brings such devices, we will hold it in the office until the end of the day, and it will be returned at that time. Archbishop Shaw will not be responsible for the loss or damage of these items.
8. Campers may not be dropped off, on the summer camp facilities, until 7:30 each morning.
9. At no time should a camper place his/her hands on another camper for any reason.
10. If a camper has an issue with another camper, he/she should report it immediately to the nearest adult. If a camper has an issue with a counselor or adult, he/she should report it immediately to the camp director. Archbishop Shaw will not allow campers to exhibit violent, argumentative, or aggressive behaviors towards other campers, counselors or adults. This type of behavior will result in dismissal from summer camp.
11. On field trips, campers must remain with his/her group and counselors. Failure to do so will result in loss of field trip privileges.
12. Campers will not be allowed to attend summer camp on any days that they exhibit the following signs or symptoms: fever, upset stomach, diarrhea, pink eye, runny nose, cold, flu or any other contagious illness.

I have read the above and agree to discuss these rules and regulations with my child(ren). I understand that if my child(ren) do not follow these rules and regulations, they will be subject to dismissal from camp.

Parent signature

Date

SWIM TEST PERMISSION FORM FOR SUMMER CAMP

Each summer every camper takes a mandatory swim test before they are allowed to swim in the pool. The campers who do not prove themselves able to swim must wear floatation devices at all times and will be limited to the shallow end of the pool. Awareness of the campers' swimming ability is a serious issue at camp. There will be a certified lifeguard to conduct the swim test. The lifeguard will determine whether a camper has successfully passed the swim test or has not successfully passed the swim test.

Please place a check on the line next to each statement below. Then fill out and sign the next portion.

_____ I understand that my child/children will have to take a swim test before being allowed to swim in the pool.

_____ I understand that if my child/children do not successfully demonstrate the ability to swim, he/she will have to wear flotation devices at all times in the pool.

_____ I understand that if my child/children do not successfully demonstrate the ability to swim, he/she will be limited to the shallow end of the pool.

_____ I understand that it is the parent's responsibility to provide sunscreen for each camper to apply while at the pool.

My child/children have my permission to participate in the swim test.

Child/Children's Name:

Age:

Parent's signature

Date